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SERIAL NUMBER 10/608,254	FILING OR 371(c) DATE 06/27/2003 RULE 1.47	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 2002P18305 US01
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APPLICANTS

Mary Balogh, Hollywood, FL;

** CONTINUING DATA ****

This appln claims benefit of 60/423,471 11/04/2002 ✓SRR

** FOREIGN APPLICATIONS ****

None SRR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

09/23/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 10	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Alexander J. Burke</i> <i>SKL</i> Examiner's Signature Initials				

ADDRESS

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TITLE

System for processing unpaid healthcare claims

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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